Complete Summary

GUIDELINE TITLE

Circumcision policy statement.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics (AAP), Task Force on Circumcision. Circumcision policy statement (RE9850). Pediatrics 1999 Mar;103(3):686-93. [119 references] PubMed

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Circumcision

GUIDELINE CATEGORY

Risk Assessment
Treatment

CLINICAL SPECIALTY

Family Practice
Obstetrics and Gynecology
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Physicians

GUIDELINE OBJECTIVE(S)

To reevaluate the issue of routine neonatal circumcision and issue a new policy statement.

TARGET POPULATION

Newborn male infants

INTERVENTIONS AND PRACTICES CONSIDERED

The routine practice of circumcision in newborn male infants, including:

- Methods of circumcision (e.g., the Gomco clamp, the Plastibell device, the Mogen clamp, and derivative devices)
- Analgesia (e.g., eutectic mixture of local anesthetics or EMLA cream; dorsal penile nerve block, subcutaneous ring block)
- Ethical issues

MAJOR OUTCOMES CONSIDERED

Circumcision status and its relation to hygiene as well as the incidence of penile problems, urinary tract infection (UTI), penile cancer and sexually transmitted diseases (STD) including HIV.

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The studies reviewed were obtained through a search of the English language medical literature from 1960 to the present and, additionally, through a search of the bibliographies of the published studies.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. In the case of circumcision, in which there are potential benefits and risks, yet the procedure is not essential to the child's current well-being, parents should determine what is in the best interest of the child. To make an informed choice, parents of all male infants should be given accurate and unbiased information and be provided the opportunity to discuss this decision. It is legitimate for parents to take into account cultural, religious, and ethnic traditions, in addition to the medical factors, when making this decision. Analgesia is safe and effective in reducing the procedural pain associated with circumcision; therefore, if a decision for circumcision is made, procedural analgesia should be provided. If circumcision is performed in the newborn period, it should only be done on infants who are stable and healthy.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Not specifically stated for each recommendation

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Reduced risk of urinary tract infection: On estimation, 7 to 14 of 1000 uncircumcised male infants will develop a urinary tract infection (UTI) during the first year of life, compared with 1 to 2 of 1000 circumcised male infants. Although the relative risk of UTI in uncircumcised male infants compared with circumcised male infants is increased from 4- to as much as 10-fold during the first year of life, the absolute risk of developing a UTI in an uncircumcised male infant is low (at most, approximately 1%).
- Reduced risk for penile cancer: Although the risk of developing penile cancer in an uncircumcised man compared with a circumcised man is increased more than threefold, it is difficult to estimate accurately the magnitude of this risk based on existing studies. Nevertheless, in a developed country such as the United States, penile cancer is a rare disease (annual penile cancer rate of 0.9 to 1.0 per 100,000) and the risk of penile cancer developing in an uncircumcised man, although increased compared with a circumcised man is low.
- Reduced risk for acquiring a sexually-transmitted disease (STD): Evidence regarding the relationship of circumcision to STD in general is complex and conflicting. Uncircumcised males may be at greater risk for syphilis and HIV than circumcised males. However, behavioral factors appear to be far more important risk factors in the acquisition of HIV infection than circumcision status.

POTENTIAL HARMS

Potential harms of circumcision: The true incidence of complications after newborn circumcision is unknown, but has been estimated as being between 0.2% and 0.6%. Most of the complications that do occur are minor.

- Bleeding, the most frequent complication, is seen in approximately 0.1% of circumcisions. Most bleeding episodes can be handled with local measures (pressure, hemostatic agents, cautery, sutures).
- Infection is the second most common complication, but most of these infections are minor and are manifest only by some local redness and purulence.
- Other rare complications, described in isolated case reports, include recurrent phimosis, wound separation, concealed penis, unsatisfactory cosmesis because of excess skin, skin bridges, urinary retention, meatitis, meatal stenosis, chordee, inclusion cysts, retained Plastibell devices, scalded skin syndrome, necrotizing fasciitis, sepsis, and meningitis, as well as with major

surgical problems such as urethral fistula, amputation of a portion of the glans penis, and penile necrosis.

Potential harms for uncircumcised infants/boys:

- Increased risk of urinary tract infection (UTI), (see "Potential Benefits" above for estimation of the magnitude of risk of UTI in uncircumcised infants compared to circumcised infants.)
- Increased risk for developing penile cancer, (see "Potential Benefits" above for estimation of the magnitude of risk of penile cancer in uncircumcised infants compared to circumcised infants.)
- Increased risk for acquiring a sexually transmitted disease (STD): Evidence regarding the relationship of circumcision to STD in general is complex and conflicting. Uncircumcised males may be at greater risk for syphilis and HIV than circumcised males. However, behavioral factors appear to be far more important risk factors in the acquisition of HIV infection than circumcision status.

Subgroups Most Likely to be Harmed:

- Risk of UTI in uncircumcised males is greatest for infants under 1 year of age.
- Risk of penile cancer in uncircumcised adult males.

QUALIFYING STATEMENTS

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The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics (AAP), Task Force on Circumcision. Circumcision policy statement (RE9850). Pediatrics 1999 Mar;103(3):686-93. [119 references] PubMed

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Mar

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Task Force on Circumcision

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Task Force on Circumcision 1998-1999: Carole M. Lannon, MD, MPH, Chairperson; Ann Geryl Doll Bailey, MD; Alan R. Fleischman, MD; George W. Kaplan, MD; Craig T. Shoemaker, MD; Jack T. Swanson, MD; Donald Coustan, MD.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

AAP Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the American Academy of Pediatrics (AAP) Policy Web site.

Print copies: Available from the American Academy of Pediatrics, 141 NW Point Blvd, PO Box 927, Elk Grove Village, IL 60009-0927; Web site, http://www.aap.org/

AVAILABILITY OF COMPANION DOCUMENTS

None available

NGC STATUS

This summary was completed by ECRI on April 27, 1999. The information was verified by the guideline developer on July 13, 1999.

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